SEPA Notification of Hazardous Waste Site

United States Environmental Protection Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compen- paper. Indicate the letter of the item

Please type or print in ink. If you need additional space, use separate sheets of

	sation, and Liability Act of 1980 and must be mailed by June 9, 1981.	which applies.			
		810223	PAS-000-00	1-500	
4	Person Required to Notify:				
	Enter the name and address of the person	Name			
	or organization required to notify.	Street			
		City	State Zip Code	1	
_	Site Location:				
•		Name of Site By-H	Links and Run Damn	:	
	Enter the common name (if known) and actual location of the site.	¥	off of one stand		
		Street don't		150000	
		City Headricks	County Cambria State Penna. Zip Code	159093	
C	Person to Contact:	Name (Last, First and Title)		itizen)	
	Enter the name, title (if applicable), and usiness telephone number of the person				
	o contact regarding information submitted on this form.	Phone (814) 535-2954			
)	Dates of Waste Handling:				
	Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.	From (Year) 1974	To (Year) still going on.	981	
			, , , , , , , , , , , , , , , , , , ,		
	PHD- 78	-055-1642			
E	Waste Type: Choose the option you pr	efer to complete	-		
	Option I: Select general waste types and so you do not know the general waste types or encouraged to describe the site in Item I—E	r sources, you are	are Resource Conservation and Recovery Act (RCRA) Section 3001		
		of Waste: X in the appropriate	Specific Type of Waste: EPA has assigned a four-digit number to each listed in the regulations under Section 3001 of appropriate four-digit number in the boxes provide list of hazardous wastes and codes can be contacting the EPA Region serving the State in	RCRA. Enter the rided. A copy of obtained by	
	· 1. □ Organics 1. □ Mi	ning	located.		
		nstruction			
	3. □ Solvents 3. □ Te	I			
	4. ☐ Pesticides 4. ☐ Fe 5. ☐ Heavy metals 5. ☐ Pa	per/Printing			
		ather Tanning			
		n/Steel Foundry			
		emical, General			
		ating/Polishing			
/	(10). ∑ Unknown 10. □ Mi	ilitary/Ammunition			
	11. ☐ Other (Specify) 11. ☐ Ele	ectrical Conductors			
	12. □ Tra	ansformers			
		ility Companies	1/00071007100		
		initary/Refuse	170002181200071		
	15. 🗆 Ph	i i	TIT BAIATH WIT		
		b/Hospital	EDA RECION III		
	17. □ Ur	l l	RCRA SECTION RCRA SECTION		
	18. □ Ot	ther (Specify)	BEVEINED		

Form Approved OMB No. 2000-0138 EPA Form 8900-1

ground. Now the land has become saturated and swamps have formed of this unknown chemical. All the vegitation around this area has died.

I hope you will investigate!

Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name Ellen Chicolli	— □ Owner, Present
Street 453 First Street	☐ Owner, Past— ☐ Transporter
City East Conemand StatePa. Zip Code 15909	☐ Operator, Present ☐ Operator, Past
Signature All Mulli Date 7 23/	© Other